



**GLOUCESTER COUNTY
DEPARTMENT OF ECONOMIC DEVELOPMENT
DIVISION OF HOUSING &
COMMUNITY DEVELOPMENT**

**OWNER-OCCUPIED
HOME REHABILITATION PROGRAM**



Sponsored By

**The Gloucester County
Board of Chosen Freeholders**

**Robert M. Damminger
Freeholder Director**

**Heather Simmons
Freeholder Liaison**

**Giuseppe (Joe) Chila
Deputy Freeholder Director**

**Daniel Christy
Freeholder**

**Lyman Barnes
Freeholder**

**Frank DiMarco
Freeholder**

**Adam J. Taliaferro
Freeholder**

******* To All Applicants *******

PLEASE READ THE FOLLOWING

THIS IS NOT A REMODELING OR A MAINTENANCE PROGRAM.

The owner occupied rehabilitation program is designed primarily to provide financial assistance to low income owner occupants in conformity with the Section 8 Housing Quality Standards for existing housing, BOCA building and housing code.

Eligible applicants are owners who occupy one-family dwellings, whose household gross income does not exceed the HUD income eligibility limits and the owner(s) have resided in the home for at least one year. The applicant includes the individual making application and any other persons related by blood, marriage, or operation of the law who share the same dwelling unit. *Mobile homes will receive a subsidy limit for conditions considered an URGENT NEED where health and welfare are threatened and are reviewed under separate application.*

The County cannot proceed with helping the homeowner unless all paperwork requested by this department is received and processed for eligibility.

A Gloucester County rehabilitation specialist and inspector will determine what rehabilitation items will be addressed under the program guidelines as well as when the rehab on the home will be started and completed. The County reserves the right to issue payment to the contractor(s) upon written approval from the inspector.

By completing, signing, dating, and returning the application to the County, you, the applicant, are acknowledging and accepting the policies, procedures, and regulations of this HUD program.

Please direct any questions, comments, or concerns to Kelly Toal 856-384-6868.

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GENERAL PROPERTY IMPROVEMENTS IN EXCESS OF CODE REQUIREMENT ARE PROHIBITED. THIS IS CONSIDERED AN INTEREST FREE "LOAN PROGRAM". THE LOAN WILL BE SECURED BY PLACING A LIEN ON THE PROPERTY. THE ENTIRE AMOUNT MUST BE REPAID TO THE COUNTY IN THE EVENT OF THE HOMEOWNER'S DEATH, SHOULD THE PROPERTY CHANGE HANDS, OR IF THE HOME OWNER REFINANCES THE PROPERTY.



**GLOUCESTER COUNTY OWNER-OCCUPIED
HOME REHABILITATION
APPLICATION**

A. APPLICANT INFORMATION

Application Date: _____

Name of Applicant: _____ Social Security: ____/____/____

Name of Co-Applicant: _____ Social Security: ____/____/____

Additional Contact Person & Phone Number: _____

Mailing Address: _____ City: _____

Physical Address: _____ Zip Code: _____

Home telephone Number: _____ Alternate Number: _____

Municipality taxes are paid to: _____ Lot: _____ Block: _____

List all repairs that you believe need to be addressed.

*The following information must be completed. It is reported to the U.S. Department of Housing and Urban Development. Federal law prohibits housing discrimination based on your race, color, national origin, religion, sex, family status, handicap, or disability.

Age/Race/Ethnicity:

____ White ____ Amer. Indian
____ Black ____ Alaskan Nat.
____ Hispanic ____ Asian & Pacific Islander

American Indian/Alaskan Native & White ____

Asian & White ____

Black/African American & White ____

American Indian/Alaskan Native & Black/African American ____

Age 60 or over? Yes ____ No ____

Handicapped/Disabled? Yes ____ No ____

Single ____

Separated ____

Married ____

Divorced ____

YOU MUST REPORT ALL PERSONS LIVING IN YOUR HOUSEHOLD

Number of Bedrooms: _____ Total number of persons living in household: _____

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
1) _____	_____	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

Have you or the co-applicant ever gone through this program in the past? _____
If yes, what year was the rehab completed and what work was done?

Have you ever received any other State or Federal Funds before? _____
If yes, what is the name of the program, the year you received assistance, and the amount:

Are there any children under the age of 7 years old with an identified elevated blood lead level (EBL) residing in the household? Yes _____ No _____

Are you, or any member of the household, related to a government official or employee of Gloucester County? _____ If yes, please provide their name and official title:

B. INCOME DATA

**You must report all income received for all household members over the age of 18.
Gross income is calculated before taxes are deducted.**

Applicant

Name and Address of Employer: _____

(If you work for more than one employer state name and address and total income below)

Position: _____ Number of Years Employed: _____

Gross Income \$ _____ Weekly \$ _____ Monthly \$ _____

=====

Co Applicant:

Name of Household Member: _____

Name and Address of Employer: _____

(If you work for more than one employer state name and address and total income below)

Position: _____ Number of Years Employed: _____

Gross Income \$ _____ Weekly \$ _____ Monthly \$ _____

Additional Household Members:

Name of Household Member: _____

Name and Address of Employer: _____

(If you work for more than one employer state name and address and total income below)

Position: _____ Number of Years Employed: _____

Gross Income \$ _____ Weekly \$ _____ Monthly \$ _____

**IF ADDITIONAL HOUSEHOLD MEMBERS ARE EMPLOYED, PLEASE ATTACH ANOTHER SHEET AND PROVIDE
EMPLOYMENT INFORMATION**

Other Source(s) of Income

Name: _____ Social Security \$ _____ Pension \$ _____

Welfare \$ _____ Child Support \$ _____

Unemployment \$ _____ Disability/SSI \$ _____

Interest, Stock, Bonds \$ _____

Other \$ _____ explain other _____

Name: _____ Social Security \$ _____ Pension \$ _____

Welfare \$ _____ Child Support \$ _____

Unemployment \$ _____ Disability/SSI \$ _____

Interest, Stock, Bonds \$ _____

Other \$ _____ explain other _____

Please list all checking and savings accounts, including CD's, Money Market Funds, Mutual Funds, stocks, bonds, and other.

Name and Address of Financial Institution	Account Number	Current Value	Annual Income

C. PROPERTY INFORMATION

Please fill out all information to the best of your knowledge.

Name of owner(s) as it appears on the Deed:

Was home built before 1978? Yes _____ No _____ Approximate year home was built _____

Is there a mortgage amount on the property? Yes _____ No _____

\$ _____ \$ _____ \$ _____
Original Mortgage Approx. Present Balance Monthly Payment

Name and phone number of insurance policy holder Policy Number

Only up-to-date information for the calendar year will be accepted. Please make copies and attach the following documentation. We reserve the right to verify all information provided to us. We must receive the following information in order to process your application.

- () Copy of Deed
- () Copy of Homeowners Insurance
- () Recent Tax Returns (1040, 1040A, EZ, W-2's)
- () Real Estate Tax Bill
- () Social Security Award Letter
- () All sources of income:
 - Pay stubs (a minimum of 3 recent pay stubs are required)
 - Social Security
 - Child Support
 - Pensions
 - Welfare
 - Disability
 - Award Letters
- () Statement showing interest, stocks, bonds, etc.

D. HOW DID YOU HEAR ABOUT THE PROGRAM?

Government Agency _____

Internet _____

Friend/Relative _____

Newspaper/Publications _____

IMPORTANT PLEASE READ BEFORE YOU SIGN:

This is to certify that all statements made in my application are true to the best of my knowledge. I understand that failure to report all income of all household members can result in the denial to participate in the rehabilitation program.

Date: _____ Applicant Signature _____

Co-Applicant Signature: _____

OFFICE USE ONLY		
INCOME:	L30 _____	L50 _____
	L80 _____	
Approved by: _____		
Date Approved: _____		

The County of Gloucester complies with all state and federal rules and regulations and does not discriminate on the basis of race, religion, color, national or ethnic origin, sexual orientation, age, marital status or disability in admission to, access to, or operations of its programs, services, or activities. In addition, Gloucester County encourages the participation of people with disabilities in its programs and activities and offers special services to all County residents 60 years of age and older. Inquiries regarding compliance may be directed to the Division of Disability Services at (856) 384-6842/New Jersey Relay Service 711 or the EEO office at (856)384-6903.